The MEDICAL MISSIONARY

Catholic Mothers From Toomiliah

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The MEDICAL MISSIONARY

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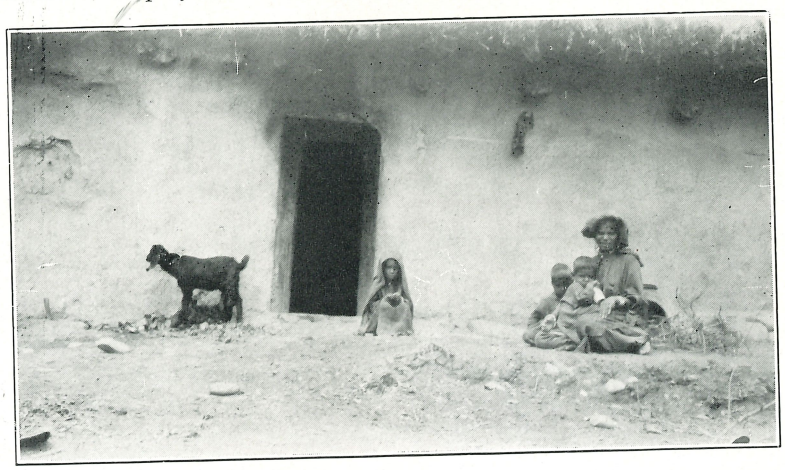
WHEN RASKALI'S BABY WAS BORN

EARLY one morning about a week ago I received a letter from Mrs. S. asking us kindly to see her *mali's* (gardener's) wife as soon as possible. As I was very busy at the center seeing patients, I sent our native nurse along and promised to follow as soon as possible. An hour later I started off. They lived way out in the country, the *mali* and his wife, in a typical Hindustani hut (which means that it was made of mud and measured in all about six by eight feet). They seemed quite surprised that we had come so far. I had to bend nearly double to get inside the door. The only furniture was a string bed, but the patient, of course, lay on the floor. Her bedding was a jute sack—the usual thing among the poor. There was not a scrap of clean cloth or newspaper anywhere, but we finally obtained a generous supply from her employer.

It was Raskali's first baby and Ramgutti, her husband, was quite beside himself with anxiety. Only two years before his first wife died after her baby was born. She had been attended by her old *Shasheri* (mother-in-law) as is often the case. The latter considered hand-washing very silly when doing such dirty work and had used the favorite antiseptic (cow dung) with the consequence that the first wife had died six days after the baby as born, of septic fever.



A TYPICAL HINDUSTANI HUT

Raskali had had an attack of fever, but seemed quite well when I saw her, so I left to see some other patients and returned two hours later. As I came up the road about a half mile from the house, a relative met me with the news that Raskali was unconscious. When I got there she was pretty low. She had had a chill shortly after I left and had collapsed. A doctor had been called in. He wished to give the patient a stimulating hypodermic and other necessary treatment, but Ramgutti would have none of it. He implored the doctor on his knees (the usual way among the poor of making requests) not to do it. Didn't his first wife have hypodermic injections and they killed her and he wouldn't permit Raskali to have them? If she died, well, that was fate, but deliberately to kill her by an injection was quite another thing. Fortunately, with heat and stimulating drinks Raskali gradually revived.

Then we all waited for the baby to appear, and what an uncomfortable time we had. Those little houses are very smelly and hot. After about an hour of waiting, Ramgutti brought me a box to sit on. I was very grateful as our stay was about five hours. In spite of the fact that one gets used to the animal life of India, I enjoyed watching the family of mice who were playing about the floor, walls and grass roof, of the hut much more when I was sitting on the box than I had before it was offered me. The Hindus never kill any living thing and were not at all concerned about the mice.

After a long time, as the Indians say, the baby arrived. It was badly asphyxiated and I tried in vain to resuscitate it. He lived long enough to receive his heavenly passport. He was born on the vigil of the Feast of St. Francis Xavier so there is a new Francis Xavier in heaven to pray for his country and for India's millions.

Ramgutti was dismayed when he say his beautiful big son dead (he was a really lovely baby) but he was too much concerned about Raskali to think of much else. According to the Hindu religion it is a great sin for one to enter the delivery room but Ramgutti forgot all of the 1001 *niams* (commandments) in his solicitude for his *sonar* (golden) Raskali, as he called her.

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THE outstanding mission event of January was the Bishop Dunn Memorial Exposition which was held at the Hotel Commodore in New York from January 15 to 21 inclusive. New York responded so magnificently to the invitation to come and see what was being done in the Catholic mission field that the estimated attendance daily was from 20,000 to 25,000 and from 10,000 to 15,000 in the evening. We can corroborate these figures as a rush order to the printers enabled our Society to distribute 20,000 leaflets on Saturday and Sunday only, and these didn't begin to cover the attendance on those days.

The Society was officially represented by our Director, Rev. Michael A. Mathis, C.S.C., who spoke on the history of our foundation and our work, and by Sister Agnes Marie, R.N., who was in charge of the Medical Mission exhibit, and Sister M. Elizabeth. The Medical Mission exhibit consisted of graphs and charts showing the medical highlights of our work with especial emphasis on the high rate of infantile mortality, and oriental diseases in India. Pathological slides exhibiting the causes of some of these diseases were shown under the microscope.

His Eminence, Patrick Cardinal Hayes visited every one of the 32 exhibits (which represented approximately 22 different religious orders) and most graciously looked at plasmodium malariae through the microscope at the Society's booth.

We were very glad of this opportunity to see our New York friends again and to make new contacts. The former were most generous in helping to distribute literature and to make our work known.

It is difficult to estimate the value of an exposition of this kind. One might think it a truism to say that there is nothing new to a New Yorker and yet on all sides one heard from the New York Catholic laity such expressions as: "We had no idea how much the Church was doing in the mission field." "You make us feel how little we are doing." That is certainly a step. If it is followed by service, alms and prayers, then indeed the battle for the mission cause is won.

Under the kind and able direction of Father McDonnell of the Society for the Propagation of the Faith every courtesy was extended the Sisters.

OUR SPLENDID CAUSE

Who has a blade for a splendid cause,
  Who has a heart that's true,
To live and fight for the grandest thing
That man could dream, or singer sing,
  Or ever soldier knew?

Who would go forth on toilsome ways
  By saints and heroes trod,
And join with a gallant company
In a glorious, deathless chivalry—
  The chivalry of God?

A trumpet sounds in the far, far hills—
  'Twere shame to answer "No,"
But show the world ye are unafraid,
As Richard was, in the old Crusade,
  To take the Cross, and go!

Then let not the knightly slogan die,
  Nor the knightly weapons fall,
Till every land is His Holy Land,
Where His lamp is lit and His altars stand
  And His Cross is over all.

—Selected.

DACCA

Sister Frances writes:

We have been very busy. This last month three of the Bengali nurses and myself have attended 105 delivery cases. There has been a bad "flu" epidemic and though all of our mothers are well, 16 babies died.

The other week I got it and was off duty for six days. On my return I was reproved on all sides for my neglect of duty. "We came to the Centre for six days in succession for medicine and you weren't there and you didn't come to see my wife and baby." They said. "You are our father and our mother and you don't come to see us." I explained that I had had fever and couldn't come, but that was no excuse at all. For them to have fever is quite the ordinary thing, but for the *Bilaiti mem sahib* it is quite inexcusable.

Sister Paul is now in Dacca and enjoying her work there very much indeed. Dr. Stern writes from Calcutta that she is very busy studying tropical medicine and obstetrics. She is in a "purdah hospital" (one just for women).

DR. DENGEL COMES HOME AGAIN!

To the great joy of all at the Motherhouse Dr. Dengel arrived home on January 31. She has been away for nearly two years on her visitation to England and to the missions. She gives us good reports of all abroad.

We know that her many friends in this country will share in our happiness at her return. (Owing to the fact that this news arrived just in time to go to print, it had to be placed at the end of the page instead of the beginning.

THE MEDICAL MISSION VOCATION

By MICHAEL A. MATHIS, C.S.C.

PART I

THE care of the sick and their cure in the Catholic Church have always been some of Charity's most treasured services to afflicted humanity—not only in the home lands but also on the foreign missions. In the latter field this apostolate is, in addition, an important means of conversion. As a cog in the mission machinery, it has the sanction of Our Lord, of His Apostles and of missioners down the centuries in every land and amongst all peoples.

A MEDICAL MISSIONARY WITH TWO STUDENT NURSES

Such a large place did the healing of the sick hold in Our Lord's ministry that there are few pages of the Gospels that fail to record one or more miraculous cures. The obvious preference for miracles of healing on the part of the Master was dictated first of all by His Divine sympathy with human suffering and then by the advantages which this particular form of charity gave Him over the hearts and minds of men in the more difficult matter of the healing of their souls.

The Apostles were specifically directed "to heal the sick" in their missionary work. Hence, it is readily understood why they and their successors have all shown a tender regard for the sick down to our own day, sympathizing with them and coming to their relief according to the means at hand. I have visited missioners in Japan, China, Indo-China and more particularly in India, and I have been impressed by the fact that practically every missionary bishop, priest, brother, sister, and native catechist is actively engaged, according to the limits of his or her ability and means in relieving bodily ills.

This most charitable, widespread and often very effective relief can very easily be underestimated in our day when medical missions are being placed upon a more scientific basis. This is particularly a danger when we compare Catholic missions with Non-Catholic missions. In India, for example, there are at most only 15 Catholic hospitals and only a few dispensaries manned by professional personnel as compared with the 675 hospitals and dispensaries of Non-Catholic missions. There are also only a few Catholic medical mission doctors and nurses in India, say, six doctors and perhaps 100 nurses, as compared with the following in the Non-Catholic mission army: 280 foreign mission doctors (89 men and 191 women) 243 foreign mission nurses and 718 native men and 1,168 native women doctors and nurses.

Why there should be so great a disparity between Catholic and Non-Catholic missions in the scientific character of medical relief is not so readily explained because many factors are involved. Perhaps the most important reason for this difference is the fact that Catholic Missioners have from time immemorial been priests, Brothers and Sisters whose clerical or religious profession has not been looked upon as altogether compatible with the medical profession. Hence, the Catholic prospective foreign missionary was given no scientific medical training.

This being the case one naturally wonders why Catholic lay doctors do not go on foreign missions just as Non-Catholics have done. The reason this can not be generally done among Catholics is that a layman would not fit into the Catholic mission organization as readily as the Non-Catholic finds a place in the mission fields. A Catholic layman cannot find his proper social environment among exclusively clerical or religious companions, just as a Catholic lay woman does not find her environment in a community of nuns. This is no problem in the case of Non-Catholic missioners because amongst them the family and not the clerical or religious state is the basis of social life.

Notwithstanding the limitations of medical skill and training, Catholic missioners have, nevertheless, as noted above, always made a tremendous contribution to the alleviation of bodily suffering by the sheer force of the number of missioners engaged, by the unique opportunity of service these missioners have in places far removed from medical facilities, and above all by their genuine apostolic virtues.

It has remained for our own age to organize the Catholic Medical Mission Apostolate upon strictly scientific lines, and even now it is only in its infancy. Dr. Agnes McLaren (died 1913) and Dr. Margaret Lamont (died 1931), two

(*Continued on page* 6)

THE MENACE OF DRUG ADDICTION

MORPHINE addiction is one of the most pathetic chapters in the history of human vices. Numberless human lives and numberless families become the victim of the drug-poison devil.

A missionary from China tells us the following: "I stayed with one of my brothers in a little village near Tsao-chia-yin. One day a young woman clad in rags and almost as thin as a skeleton came to us.

"I bring my five children to you," she said with sobs in her voice, "because I cannot feed them any longer and I don't want to see them die of starvation."

"We looked pitifully at the little half-naked figures and enquired if this year the rice was so very expensive. 'Surely,' I said 'you can maintain such a small family'."

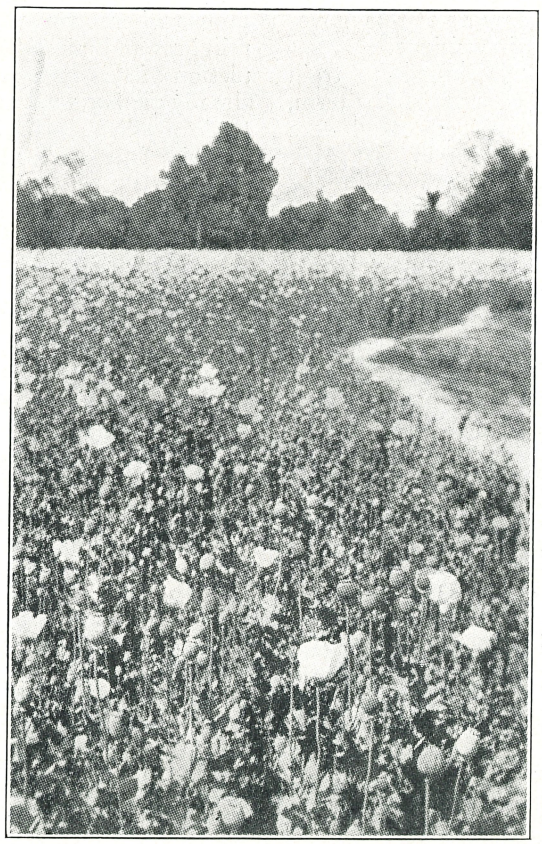
"My husband smokes opium," was the bitter reply, "and not one penny does he bring home. He even takes my day's wages. If I refuse him, he beats me."

To this example taken from the missions, we add one from home:

A young soldier had been in the World War for four years. He finished up his university studies with shining success and then became very ill. To relieve him in his pain they gave him several morphine injections. After his recovery, the poor man could not abstain from the drug. It made him a theif and a liar. Twice his will revolted against this disgraceful slavery and he underwent medical treatment but both times he returned to the terrible habit. The pain of renunciation was too much for the weakened will. He ended as a criminal in prison.

These two examples stand for thousands, yes, even for millions.

Opium and its derivative poisons, morphine and heroin, threaten to become a world danger. A few numbers from statistics give proof of it. Dairen, a Japanese harbor on the Chinese coast imported in 1928 6 *sia* (barrels) Benzoyl-morphium. Six, seems to be a tiny number but in it are hidden 600 million doses of poison. The world demand for heroine is 790 kg. yearly or 71,000,000 doses for allowed medical and scientific purposes. In reality there was used in 1929 twenty times that amount: 15,000 kg. or 1.4 billion doses; that is 1.34 billions surplus—only serving for sin.



THE POPPY, THE UNWITTING CAUSE OF THE TROUBLE

The chief stream of narcotics flows from west to east; from the factories of Europe to the countries of East Asia. In 1920, China alone overflowed with one billion doses of narcotics.

The value of narcotic smuggling as far as is known, has ben calculated by the League of Nations to be for the last five years more than $2,-250,000,000. Since 1920, the European Colonial Powers have made more than 800 million dollars from the sale to Chinese coolies, the poorest class of their Asiatic colonies, and the yearly profit from duties on narcotics amounts to 76 million dollars. These figures are not only a mere warning cry against a world-danger, but above all a terrible accusation of a world scandal, a terrible accusation against those who enrich themselves on sin and passion, and a terrible accusation against nations and governments who do nothing to check the deluge that overflows Asia and threatens Europe and America and who try to balance their budget with ill-gotten gains on which lie heavy the curse and the tears of millions of broken human lives.

Before we give our readers statistics of the vice with reckless frankness, we must first deal briefly with the preparation, use and action of the poison. We will give most of our attention to opium and Asia because the vice is most frequent there. The foundation of this work is the publications of the League of Nations and reports taken from different cultural, colonial and missionary magazines.

Brown Poison

Opium is obtained from the unripe seed pods of the poppy. As soon as the petals fall off, laborers overflow the poppy fields. They cut with little knives into the pods and a brown liquid oozes very slowly out of the incisions. The next day the somewhat dried fluid is brushed into

small reservoirs. One pod yields about 0.02 gr. Poppy fluid comes into the market as raw opium, but must be treated in many different ways before it can be used. The chief producers of opium are Turkey, Persia, India and China. From opium several other narcotics are made: the best known being morphine and heroin. These are God-sent as medicines, but worse than opium as narcotics. About seventy factories now prepare them: seven in the U. S. A., England and India, 33 in Germany, Switzerland, Holland, France and Japan. Besides these several countries have chemical factories in which they prepare narcotics in clandestine and immense amounts for smuggling for the notorious opium kings.

The Vice

Opium is either eaten or smoked. When eaten it is more harmful than when it is smoked since in the latter way all of the poison does not go into the body. The smoker uses four instruments: a pipe, an oil lamp, a long needle and a couch. A certain skill is demanded for making a pipe and some of those old sinners are true masters of the art. The smoker lies down on his couch and beside him on a board are placed the instruments of his vice. He takes the long needle and drives it into the opium vessel. Then he forms a little ball of the opium and puts it into the tiny hole of the pipe head and pierces it with a needle in order that the smoke may go through it. The smoker then holds the pipe head over the flame and "drinks" the poisoned smoke deep into his lungs.

Since making pipes is too difficult for beginners, too troublesome for custom smokers and too expensive for the poor, clever avarice has established opium houses in towns and villages in which all necessary instruments are provided and the poison is sold. They are mostly dirty little dens where the poor coolie dreams away the misery of his existence in the arms of the opium devil. Well-to-do sinners, of course, find comfortably furnished rooms where boys and girls keep pipes ready for them. In those dens unlike our happy noisy inns, a dismal silence broods over the motionless reclining figures.

(To be Continued)

Die Katholischen Missionen.

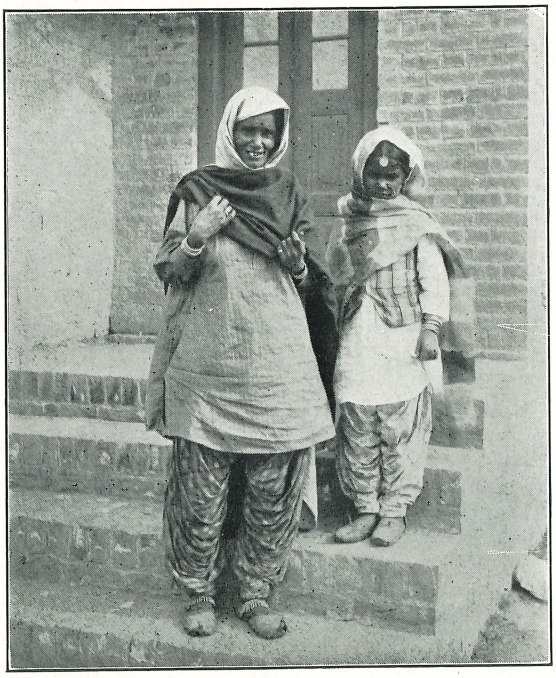
THE MEDICAL MISSION VOCATION

(Continued from page 4)

Scotch converts, were the precursors of this movement, particularly through their writings.

The first organized Catholic efforts to train medical missioners in the strict sense of the term, and to conduct medical missions in the field were realized almost simultaneously—one in Europe in 1922; the other in our own country. The European organization, the Catholic Medical Institute of Würtzburg, Germany, was for lay missioners, whilst our own was a religious community.

In September, 1925, the Society of Catholic Medical Missionaries was founded in Washington, D. C. by Dr. Anna Dengel, a protege of Dr. Agnes McLaren, with the cooperation of the writer. It receives as candidates women doctors, nurses, pharmacists, etc., also those who have not had a medical education but wish to give their lives to God as medical missionaries. A regular novitiate has been established at the Mother House where every candidate spends two years in religious and missionary training. With the completion of this two-year course, those who are not already professional medical persons and who wish to do medical work directly are educated in some branch of the medical profession; while others do the work connected with any institution both here and on the mission field, such as: editorial, secretarial, pedagogic, hospital administration and domestic work.



DISPENSARY PATIENTS

Besides the Mother House at Washington, a branch was established in London in 1931 for European recruits. In 1927 the Society's first hospital for women and children was opened in Rawalpindi, India. In 1930 two maternity and child welfare centers were established in Dacca, India. A year later the nurses' training school and the department of nursing at the Municipal Hospital of the same city were taken over by the Society.

THE EVOLUTION OF MAN

THE ensuing review is of a paper entitled, "The Evolution of Man," by Fr. Jerome Kobel, O. M. Cap., printed in the Report of the Fifteenth Annual Meeting of the Franciscan Education Conference.

Father Kobel has treated the Evolution of man from the following angles: the history of biological thought from the Pre-Aristotelian period up to the present time, an analysis of fossils and of fossilized remains, present-day theories, dissimilarities between man and ape, and finally, homology and anthropological evolution.

In his introduction, Father Kobel points out the great wealth of material. He states that several dozen books have been written on the subject in the last two decades alone. Then he speaks of the "Magnitude of the Problem," saying:

Some of the opinions cited in this paper may at first seem irrelevant. That would indeed be the case were the doctrine of evolution a mere claim of man's descent from a special form of creation. The word "evolution" implies immeasurably more than that. Evolutionists believe in a constant and orderly and universal change. That doctrine extends almost endless ramifications into the 58 varieties, as it were, of biological research. More than that, the evolutionist seeks evidence for his theories from half a dozen or more extraneous sciences—physics, chemistry, ethnology, psychological physiology, stratigraphy, etc. On that account there cannot be any pretense at comprehensiveness in a writer dealing with the problem under consideration, nor has any sort of short cut suggested itself to the historian of anthropology.

"It is frequently customary in conservative Catholic circles to treat anything that smacks of evolution in a flippantly controversial fashion. There will always be controversy on this subject, but it seems deplorable that the opinions of many well-meaning men are not treated more sympathetically. There is for instance, nothing essentially decadent in the notion of descent in any form save that which would militate against orthodox teaching concerning the rational soul. Yet, the mere suggestion of descent in its mildest form is greeted with abhorrence by some writers. Hostility, however, is in order when the adherents of evolution advertently transgress sound logic or when their opinions are in opposition to revealed dogma. The note of partisanship which will be heard from time to time in this outline has no animosity within it. Though not concurring with his opinions, it may be remarked in passing that I am appreciative of and indebted to Professor Henry Fairfield Osborn from whom I have personally received much of the data this paper contains."

Father Kobel traces the biological thought of the time from Anaximander 640-480 B. C. up through the ages to the present day. It makes very interesting reading. It includes the interpretation of Aristotle's theories, the biological thought of the Fathers, the Scholastics, on up to Erasmus Darwin the grandfather of the famous Charles. Erasmus advocated in his system of evolution: "A creator (the First Great Cause) of original organisms into which powers of development were implanted; spontaneous generation of lower organisms; metamorphosis; a possible descent of man from the monkey; the inevitable struggle for existence modifications brought on d i r e c t l y ('efforts' and 'perpetual endeavors') by the organism itself, but indirectly by the environment, and therafter inherited by the offspring. Life, he wrote, began in a single thread-like filament."

"One might reasonably ask," says Father Kobel, "what is the 'upshot' of all this; what connection, if any, has this outline of more or less divergent views and fancies to do with the 'Evolution of Man'? My purpose in disturbing the bones of Yorick is to show that the idea of organic evolution has itself undergone a long process of evolving; that 'evolution' as it is understood and taught today is not the exclusively modern thing that some writers would make it; that, as a matter of fact, a bare minimum of newness was added to it by Lamarck, Darwin, Huxley, Wallace, Haecker, either individually or collectively, all of whom popularized and exploited the theories of their predecessors. Their 'genius' consisted in the ability to reduce hitherto crudely expressed notions into formulas and laws." The theory of Lamarck, at the present day has many adherents.

"The Views of Charles Darwin. It is well known . . . that he did not endorse the views of his grandfather, Erasmus Darwin. Furthermore, when he set out on the voyage on board the Beagle he was a firm believer in fixism. It is not so much the observations that he had made abroad but his interpretation of them that initiated his *Origin of Species.* The same observations may just as well have suggested 'fixity' of species to his mind. What, then, prompted his theory of Natural Selection? It is safe to say that it was his preoccupation with the theory of Malthus—that a population increases in geometric progression whereas the food supply follows an arithmetical progression. Malthus had concluded that in time the population would by far exceed the food supply. Conflict would ensue, the weaker elements succumbing to sickness . . . and death. Darwin adopted this idea and gave it a universally biological significance . . . He began with the assumption that variations are always passed on to offspring . . . the aggregate of modifications retained by one group of individuals as distinct from dissimilar variations constant in any other group, are sufficient to set that group apart as a new species. Nature he observed was gifted with astounding fecundity. The available food supply, however, was inadequate for the

multitude of individuals in search of it. Nature, on that account employed the method of competition for the elimination of the unfit. The fittest variations on the fittest individuals survived. Four catchwords have been given to Darwin's ideas concerning the origin of species: 'Fortuitous variability,' 'Natural Selection,' 'Struggle for Existence' and 'Survival of the Fittest' . . . "

In the first edition of the "Origin of Species," he ascribed the inauguration of the evolutionary process to the "Creator of all things," later on he veered into agnosticism.

It is rather pathetic that he himself had to admit from time to time that the desired evidence for his theory was not forthcoming. He wrote to Bentham that 'the belief in natural selection must at present (1863) be grounded entirely on general considerations.'

"So much then for Darwinism as it was understood up to the time that *The Descent of Man* appeared. Precisely what did Darwin teach in regard to man's origin? Darwin taught that man had a simian ancestry—that man was the improved progency of the ape. A few excerpts from the book of Darwin will settle that matter as far as this survey is concerned:

"In forming a judgment on this head with reference to man, we must glance at the classification of the Simiadae. This family is divided by almost all naturalists into the Catarrhine group, or old world monkeys, . . . and into the Platyrhine group or the new world monkeys. . . . Now man unquestionably belongs in his dentition, in the structure of his nostrils, and in some other respects, to the Catarrhine or old world division; . . . there can, consequently, hardly be a doubt that man is an offshoot from the old world Simian stem . . . (The Descent of Man, 1871, I. p. 205).

"No amount of wishing that it were otherwise and no attempt to 'pass the buck' on to Huxley and Haeckel will ever eliminate the obvious meaning of those words."

"In its very setting, Darwin's theory of Natural Selection is confronted with an insoluble problem. 'Competition' and 'survival of the fittest,' those essential features of the theory, must mean one of two things. Either they are active agents in furthering the *perpetuation* of somatic acquirements or they are active agents in effecting *progressive changes* away from the original type. From the first supposition it must inexorably follow that natural selection *does not create,* does not produce any new variation. In that sense it assuredly does not explain the origin of any species but is inherently restrictive. At best, then, natural selection preserves a new adaptation, nothing more. The operation of other forces, however, be they further germinal upsets in the mutated organism or repeated and increased somatic adaptations affecting the germ plasm as well as the soma, would be necessarily in order, were natural selection understood in the second sense. It is explained in that manner by several investigators, but it is most certainly no longer Darwinism. From no less an authority than Thomas H. Morgan do we obtain the statement that genetic evidence does not warrant the last meaning attached to the term."

Having discussed August Weismann's Germ Plasm Theory in detail as well as some other present-day theories, the writer closes with a summary of the consequences of Evolutionism. He paints the results in the darkest colors of monism, pantheism, materialism, agnosticism, mechanism. "With faith," he says, hope has gone out of their lives; the *Ultima Thule* of existence is the grave."

(Note: This report is published by the Conference, Office of the Secretary, Capuchin College, Brookland, D. C. It contains much valuable data on present-day questions.)

WIDOW RESCUED

Diamond Harbour, Aug. 28.—The sixteen-year-old widow of a young Hindu named Srekanta Purkayeth of the Mahisya caste, Sultanpur, in Diamond Harbour sub-division, is alleged to have attempted to commit "suttee" by throwing herself on the blazing funeral pyre of her husband.

Her attempt was frustrated, says the report, by the members of the funeral party who rescued her with great difficulty. She is suffering from severe burns.—*Statesman.*

WHEN RASKALI'S BABY WAS BORN

(*Continued from page 2*)

The next day we returned. Raskali was quite recovered and was sitting up as is their custom. Ramgutti was squatted down on the floor in front of her in rapture to think that God in his mercy had spared his beloved. We told him that if he had not been so stupid his son might have been living as well. He only said: "I may have another son, but never another Raskali."

On our last visit *sonar* Raskali was continuing to do well. M. F.

CHANGE OF ADDRESS

Please notify us of change of address. The Post Office charges us every time it notifies us. Your cooperation in this matter will be appreciated.

The Society of Catholic Medical Missionaries is a religious community founded for the purpose of bringing medical aid to the foreign mission field. Please address enquiries to: Dr. Anna Dengel, Catholic Medical Mission House, Brookland, Washington, D. C.

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